

TIME AND ACTIVITY TRACKING NON-PROFIT ORGANIZATIONS, UNIVERSITIES AND STATE AGENCIES

Purpose: Non-profit organizations, state agencies and universities use this form to identify and track personnel and activities associated with completing grant objectives.

Instructions: Complete in ink or type. Use the following key for coding abbreviations to identify each activity.

- A. Administrative tasks such as but not limited to planning sessions, budget reviews, and required monitoring reports.
- C. Correspondence including email, telephone, fax, and written correspondence.
- P. Media/public awareness such as writing press releases, attending news conferences or conducting a media campaign.
- T. Conducting training and/or a workshop.
- O. Other (must specify activity).

After entering the activity code, briefly describe the completed activity and result/impact and enter the amount of time spent. Forward the completed voucher to your Community Transportation Safety Manager. Each grant project must have a completed time and attendance entry.

GRANT INFORMATION

ORGANIZATION NAME				
TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL		
STREET ADDRESS (do not list P.O. box)		CITY	STATE	ZIP CODE
GRANT NUMBER	CONTACT PERSON'S NAME			
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS		

TIME AND ACTIVITY INFORMATION

EMPLOYEE'S NAME	ACTIVITY DATE (mm/dd/yyyy)	ACTIVITY (enter code)	ACTIVITY DESCRIPTION (attach additional sheets if needed)	RESULT/IMPACT	TIME SPENT (rounded to the nearest hour)
				TOTAL	
				TOTAL FROM REVERSE	
				TOTAL HOURS	

TIME AND ACTIVITY INFORMATION									
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EMPLOYEE'S NAME	ACTIVITY DATE (mm/dd/yyyy)	ACTIVITY (enter code)	ACTIVITY COMPLETED (attach additional sheets if needed)	RESULT/IMPACT	TIME SPENT (rounded to the nearest hour)
				TOTAL	
				TOTAL HOURS	

CERTIFICATION (EMPLOYEE AND SUPERVISOR MUST COMPLETE THIS SECTION.)	
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I certify that the above time and activity report is accurate. I understand that it is unlawful to knowingly make a false statement when reporting time and activities associated with completing grant objectives.

EMPLOYEE'S NAME (print)		TITLE	
EMPLOYEE'S SIGNATURE			DATE (mm/dd/yyyy)
TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS	
SUPERVISOR'S NAME (print)		TITLE	
SUPERVISOR'S SIGNATURE			DATE (mm/dd/yyyy)
TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS	